

Case Number:	CM14-0190427		
Date Assigned:	11/21/2014	Date of Injury:	10/21/2011
Decision Date:	01/09/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in New Jersey. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49-year-old female who reported injuries due to a fall on 10/21/2011. On 10/20/2014, her diagnoses included degeneration of lumbar or lumbosacral intervertebral disc and fracture of unspecified bone, closed. Her complaints included bilateral lower back, sacral and coccygeal pain, rated 6/10, which radiated to both lower extremities and had not improved with her treatment regimen. The pain was intermittent and variable in intensity. Upon examination, there was stiffness and spasms in her lower back. She reported that her pain interfered with her sleep, and that application of heat, her medications and stretching exercises helped diminish her discomfort. Her medications included Voltaren gel 1%, Ultram 50 mg, Ultracet 375 mg, Robaxin 500 mg, Paxil 10 mg, Omeprazole 40 mg, Nabumetone 500 mg and a trial of Lidocaine 5% patches. The patch was being prescribed for pain management. There was no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lidocaine 5% (700 mcg/patch), thirty count with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Lidocaine 5% (700 mcg/patch), thirty count with three refills is not medically necessary. The California MTUS Guidelines note that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of failed trials of first line therapy with tricyclics or SNRI antidepressants or an antiepileptic such as gabapentin or Lyrica. The only form of FDA approved topical application of Lidocaine is the 5% transdermal patch for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. This injured worker does not have a diagnosis of postherpetic neuralgia. The dosage in the request is incorrect. The body part or parts to have been treated were not specified in the request. Additionally, there was no frequency of application specified in the request. Therefore, this request for Lidocaine 5% (700 mcg/patch), thirty count with three refills is not medically necessary.